## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09722991

CLAIMS AS FILED - PART I									<del></del>				
		CLAHVIS AS	(Column 1) (Colu			mn 2)		SMALL EI TYPE [	NTITY	OR	OTHER THAN OR SMALL ENTITY		
TC	OTAL CLAIMS		17		·			RATE	FEE	1	RATE	FEE	
FOR			NUMBER	NUMBER FILED		ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TC	TAL CHARGEA	BLE CLAIMS	// minus 20= *			10	.	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 = * (			d.		X40=		OR	X80=		
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT 7 🔲					+135=		OR	+270=		
* If	the difference	in column 1 is	less than ze	less than zero, enter "0" in column 2				TOTAL	355	OR			
	C	LAIMS AS A	MENDE	) - PART	- H				/ 4 ~	] ~	OTHER		
		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY	
IENT A	A	CLAIMS REMAINING AFTER AMENDMENT	7 ×	HIGHE NUMBI PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- /TIONAL FEE	
AMENDMENT	Total	17	Minus	-20	<u> </u>	=		X\$ 9=		OR	X\$18=		
AME	Independent	* 3	Minus	DENDENT	~! 4184	=		X40=		OR	X80=		
<u> </u>	HHSI PHESE	NTATION OF MU	JETIPLE DEF	PENDENT (	CLAIIVI			+135=		OR	+270=		
							l	TOTAL	V		TOTAL		
		./	ADDIT. FEE	L	Un.	ADDIT. FEE							
	(2)	(Column 1) CLAIMS	T	(Columi HIGHE		(Column 3)	1 r						
ENT B	12	REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	p	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· 20	Minus	6C	)	=		X\$ 9=		OR	X\$18=		
AME	Independent	+ 3	Minus	*** 6	3	#		X40=		OR	X80=		
L_	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1	#135=			A270=		
ı					•			TOTAL		1	TOTAL		
l		/ /	ADDIT. FEE		OR	ADDIT. FEE							
_		(Column 1) CLAIMS	<del></del>	(Columi		(Column 3)				. ,			
AMENDMENT C	જ <sup>્</sup> રકુનાથ ને	REMAINING AFTER AMENDMENT	Signal (MS)	NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**	<del></del>	=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	PENDENT (	~	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┟						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE ADDIT. FEE  TOTAL ADDIT. FEE													